



CHANGE OF ADDRESS

EFFECTIVE DATE OF CHANGE _____

This form is for use by HMEPS retirees and former members only. Current City of Houston employees must contact their departmental payroll representatives for address changes. This change of address request must be signed by the person receiving or eligible to receive a pension benefit from HMEPS (eligible person) OR by his/her authorized representative. If it is signed by a representative, it must be accompanied by a Power of Attorney, or a court order naming the person signing as the legally authorized representative of the eligible person.

If the eligible person is a minor dependent of a deceased pension plan participant, the legally qualified guardian of the dependent must sign this request.

(Please Print)

NAME: _____ SSN: _____

OLD ADDRESS: _____

NEW ADDRESS: _____

CITY STATE ZIP

HOME TELEPHONE: (_____) _____

Signature: _____ Date: _____

NOTE: A change of address request will not automatically change any electronic bank deposit instructions previously given to HMEPS. If the eligible person is using electronic deposit, and is changing the bank account previously designated to receive those deposits, new deposit instructions must be submitted. Please contact the HMEPS Office to obtain a form to change banks or account numbers, or to elect electronic bank deposit.

If you would like a copy of this change of address forwarded to the City of Houston, Human Resources Department, Health Benefits Division to change the mailing address for your insurance, please sign below:

Signature: _____

RETURN TO: HOUSTON MUNICIPAL EMPLOYEES PENSION SYSTEM
1111 BAGBY, SUITE 2450
HOUSTON, TX 77002
(713) 595-0100 FAX: (713) 650-1961

This form is not valid if the eligible person signs with a mark instead of a signature. If the eligible person signing this form uses a mark, please request a Notarized Change of Address Form that must be completed in the presence of a Notary Public and signed by two witnesses.